U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - (3)

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name BRET L CALOWELL	Name INTL Brotherhood of Temusters		
	Labor Organization File Number 🛕 🐧 🐧		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3808 STONEBNIDGE FORD	Street 25 LOUISIANA AVE, NW		
City ALEXANDRIA	City WASHINDON		
State VIRGINIA ZIP Code + 4 22306	State D C ZIP Code + 4 2000]		
5. Position in labor organization. DINSUM OF COLUMNIC	ANWS		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the		
Signed Glun	on 8/9/05 202-624-691)		
	Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing BRET L. CALDWELL	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	generating of the contract of
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
марительного до в постоя подательного в постоя подательного подательн	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	

C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Frebrand Productions Trade Name, if any: P.O. Box, Bldg., Room No., if any Street YY W. 74th Street City New York State New York ZIP Code + 4 10023	14.a. Nature of payment. 1. DINNER at Commander's Palace S/oil 2. Local 25 Golf outring 6/8/019 3. DINNER at Som & Harry's 8/26/019 4. Golf at Sweentown, 8/27/04 5. Golf at Stonewall 10/8/019 6. Newborn gifts	((\$115,00) (125.00) (155.00) (113.00) (193.25) (100.00)
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment.	25

12.b. Amount.

Name of Person Filing BRET L. CAUDWELL	File	Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		-
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer		
10. If a.b. of a.c. is checked give trust of employer's hame.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			Andreas and the second of the second demanders
	A CONTRACTOR OF THE CONTRACTOR	Эминомого вого-шийе йинавать мистемация высования полиция выболее выполняющий выполняющий выболее выполняющий	
grand and the second se	11.b. Approximate dollar value of	such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or	Income received.	
	12.b. Amount.	The second secon	00-1964;
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Delancy Promos Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2500 Schuster Daug City Chengy State Maryano ZIP Code + 4 2078]	parts A and B above) or other thing of value. 14.a. Nature of payment.	mus', 8/5/04 (125.00) 40.00) 75.00)
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	240.0	

Name of Person Filing BRET L. CAUDWELL	File Number U -		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
·	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	'		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CABOL RESEARCH ASSOCIATION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 330 W. 42ND St. 13th Floor City New York State New York ZIP Code + 4 10036	14.a. Nature of payment. 1.) Bottle of champagne (75.00) 2.) Newborn Fruit basket (50.00)		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing BRET L. CALDWELL		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		-
Name	a. Labor Organiza	tion	
Trade Name, if any:	b. Trust	nion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	5 years - •		
City			
State State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.	
Name			A construction of the state of
Trade Name, if any:			correct and the correct and th
P.O. Box, Bldg., Room No., if any			With the Telephone
Street	11.b. Approximate dollar value	ue of such dealing.	
City	12.a. Nature of interest hel	ld or income received.	
State ZIP Code + 4			
	12.b. Amount.	triang a triangent of analysis is with an about the state of a state of the state of the state of the state of	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	n from Horry	2. David
Name Telepint			renewed (MA) (10)
Trade Name, if any:	:		Mdomono- 1 - s-dad
P.O. Box, Bldg., Room No., if any			A conserved distribution
Street 15020 Beltway Drive			UMBORIO COMPANSA
City ADOLSON			organisation variables
State Texas ZIP Code + 4 7500 (the second se	gamen o same para sa manara da sa manara da manara manara manara manara manara manara manara manara manara man
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		90.00

Name of Person Filing BRET L. CAUDWELL	File Numl	ber U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	.·· -
Name	^k mano-m	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	Sunner.	in the second se
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		And the second s
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		Common description of the Common description
Street	11.b. Approximate dollar value of such	dealing
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	·	
	12.b. Amount.	Charles Filters and Agent and Charles and Charles and Agent and Ag
C. Received from any employer (other than an employer covered under		
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	LUNCH at Old Ebbit	CAM
Name PR Newswire		a puri service
Trade Name, if any:		that you can't are no
P.O. Box, Bldg., Room No., if any		and the control of th
Street GOI 13th St NW		
city WASHINGTON		÷
State DO ZIP Code + 4 20005	Winner	and the second s
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	35.00